

**Discrimination Complaint
Wisconsin Fair Employment Law
Sections 111.31-111.395, WI Stats**

For office use only

**ERD Case #
CR**

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Authorization for this form is provided under Section 111.39(1), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint of discrimination with the Equal Rights Division, you must submit a written document containing the information sought by this form. This information is used for the purpose of processing your complaint and maintaining the division's records. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes]

Please type or print in black ink and sign this form.

1. Complainant Information

Complainant First Name		
Complainant Middle Name or Initial		
Complainant Last Name		
Street Address/PO Box		
City	State	Zip Code
Home Telephone Number ()		
Work Telephone Number () Ext.		
May we call the Complainant at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Respondent Information

The Respondent is the company , employment agency, labor union or licensing agency you believe discriminated against you, not an individual.		
Respondent Name		
Respondent Street Address/PO Box		
City	State	Zip Code
Respondent Telephone () Ext.		
In what Wisconsin county did the violation take place?		

3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

If you checked a box with an *, the statement in that box must be completed.

I believe the Respondent(s) discriminated or took action against me because

<input type="checkbox"/> of my race * which is	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of polygraph testing
<input type="checkbox"/> of my color * which is	<input type="checkbox"/> of my age (40 or older) my date of birth is	<input type="checkbox"/> of my membership in the national guard or reserves
<input type="checkbox"/> of my sex * which is	<input type="checkbox"/> of my marital status * which is	<input type="checkbox"/> of my use or nonuse of lawful products
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my sexual orientation * which is	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my national origin/ancestry * which is	<input type="checkbox"/> of my creed (religion) * which is	<input type="checkbox"/> of my arrest record
<input type="checkbox"/> of my disability * which is	<input type="checkbox"/> I filed a previous discrimination complaint with the Equal Rights Division. Enter Case Number: CR	<input type="checkbox"/> I opposed discrimination in the workplace
<input type="checkbox"/> I filed a family/medical leave complaint with the Equal Rights Division Enter Case Number: CR		<input type="checkbox"/> I testified or assisted with a discrimination complaint filed with the Equal Rights Division Enter Case Number: CR
<input type="checkbox"/> I filed a wage and hour complaint with the Equal Rights Division Enter Case Number: LS		<input type="checkbox"/> the employer believed that I was going to file a wage and hour complaint with the Equal Rights Division

Date the discrimination began? mm/dd/yyyy

Date of the most recent discrimination? mm/dd/yyyy

4. Statement of discrimination:

Write a brief concise statement explaining how you were discriminated against. Give the **date** each action occurred and the **name** of the person who took the action. Explain how each action(s) was related to the box(es) you checked in section 3 on page one.

Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

5. Signature of Complainant or authorized representative**Date signed**

Mail your completed and signed complaint to:

EQUAL RIGHTS DIVISION

819 N 6TH ST ROOM 255
MILWAUKEE WI 53203

PO BOX 8928
MADISON WI 53708

**for violations in Milwaukee,
Waukesha, Ozaukee, Washington,
Kenosha, Racine, Sheboygan,
or Walworth Counties**

for all other counties in Wisconsin

Website: <http://dwd.wisconsin.gov/er/>

You will have an opportunity to provide more information during the investigation.

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

Complainant First Name	Complainant Middle Name or Initial	Complainant Last Name
Today's Date	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy	

Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed.)

Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the area code and telephone number ()
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Please provide the name, address, and telephone number of someone who does not reside with the Complainant but who will know where to reach the Complainant.

Name of contact person		Relationship to Complainant		
Street Address	City	State	Zip Code	Telephone Number ()

Employer Information

Approximate number of employees at all of the employer's work locations <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> More than 500	Type of Business
Does another company own the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	If yes, please provide the name of that company

Filing With other Agencies

NOTE: Our agency has a work-sharing agreement with the U.S. Equal Employment Opportunity Commission (EEOC) for complaints alleging discrimination on the basis of age, race, creed, color, sex, national origin, or disability. We will handle the complaint if it is filed with us first and we have jurisdiction. We will also co-file the complaint with EEOC if it meets the criteria for filing under federal law.

Have you filed a complaint in this matter with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, name of agency	Date filed with the other agency
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Settlement Information

Complete this section if the Complainant was or still is employed by the employer.				
When was the Complainant hired?	What was/is the job title?	Is the Complainant still employed by the Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Complete this section if the Complainant is no longer employed by the employer.				
How did the Complainant's employment end? <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other	Date Employment Ended	Pay Rate at End	Hours per Week	
If Complainant was not promoted, what was the title of the position applied for?	Rate of Pay	Hours per Week		
At this time, what is the Complainant seeking to settle the complaint?				

Statistical Information

Complainant Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Complainant Race (check appropriate box or boxes): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown		
Complainant National Origin or Ethnic background (check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Arab, Afghani or Middle Eastern <input type="checkbox"/> Other		